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		(0	(Org identifier/FY/Doc./type code/Serial Number)				(1) Initial (2) Resubr			omission				
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6. Home Address (Street, City, State and ZIP Code) (optional)			7	Phone Nu	ımbers (Include area	codel	8. Pos	ition Title						
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11. Organization Name	•					-:-1		9. Pos	1	,	10.	Pay Plan / S (Rank/MOS/	AFSC/or N	avy Designato
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12. Organization Mailing Address (Include ZIP)				(2) Autovon			_	b. Manag			- ,	45.81	n ·
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<u> </u>					Section	n B - TRAININ	G COURS	E DATA	١					
17. Course Title														
18. Training Objective	s (Benefits to	be derived by the	e Governm	nent)				19. Re	ecommende	d Training S	Source, Sch	hool or Facili	ty	
								a. Nam	ne					
								b. Mai	ling address	(Include Zi	IP)			
20. Course Codes								c. Loca	ation of trai	ning site (If	other than	n 19b)		
a. Purpose		f. Security Clear	ance		k. Trair	ning Program		-						
o. Type		g. Allocation Star				son for Selection		21 0		(4 -1:-:4-1	22 0			
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O. Course Codes								c. Location of	training site (If	other than	19b)		
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	T, AUTHORIZ	ATION, A	GREEMENT, CE	RTIFI	CATIO	N OF	TRAII	NING A	ND R	EIMBUR	SEME	ENT	
A. Agency code and subelement office number (xx-xx-xxxx)	, and submitting	B. Standard d	ocument number fier/FY/Doc./type code/Seri	al Numba	el.	C. Requi	est Statu	s or Process	Code (X	(one)	D. Ar	nendment l	lo.
office fluffiber (xx-xx-xxxx)		(Org identi	nei/F1/Doc./type code/Sen	ai ivuilibe	7)	(1) Initial		(2) Res	submission			
						(:	3) Correc	tion	(4) Car	ncellation			
		Se	ction A - TRAINEE /	APPLI	CANT IN	IFORMA	TION						•
1. Name (Last, First, Middle Init.	ial)		2. 1st 5 letters of last na	me	3. Socia	l Security l	Number		4	. Ed. level	5. Cor a. Yea	ntinuous Fe	deral Svc Months
											a. rea	iis b	IVIOTITIS
6. Home Address (Street, City,	State and ZIP Code) (o	ptional)	7. Phone Numbers (Includ	le area co	de)	8. Positi	ion Title						
			a. Home										
			b. Office			9. Positi	on Level	(X one)	1	0. Pay Plan / S (Rank/MOS/	eries / G	rade / Step	matori
11. Organization Name			(1) Commercial				a. Execu	tive		(Mank/WOS/	A1 30/01	ivavy Desi	mator)
			(2) Autovon				b. Manag	jer					
12. Organization Mailing Addres	s (Include ZIP)		13. Organization UIC				c. Super	isory	1·	4. Type of ppointment		o. Prior non ent training	
			16. Are you handicapped or disabled? (X one)		Yes		d. Non-S	upervisory		•			
			of disabled: (A one)		No		e. Other	(Specify)					
			Section B - TRA	INING (COURSE	DATA							•
17. Course Title													
18. Training Objectives (Benefit	s to be derived by the	Government)				19. Rec	ommende	ed Training S	Source, S	School or Facili	ty		
						a. Name	•						
						b. Mailin	ng addres	s (Include Zi	IP)				
20. Course Codes						c. Locat	ion of tra	ining site (If	other th	han 19b)			
a. Purpose	f. Security Cleara	nce	k. Training Program			1							
b. Type	g. Allocation Statu	JS	I. Reason for Selecti	on		21. Cou	rse hours	(4 digits)	22. C	ourse Identifier	s		
c. Source	h. Priority		23. Training Period (Y	YMMDD)		a. Duty		-	a. SAII)			
d. Special Interest	i. Training Level		a. Start			b. Non-di	uty		b. Cata	alog / Course N	lo.		
e. Training Vendor	j. Method of Train	ning	b. Complete			c. TOTAI	L		c. Offe	ering / TLN			
	•		Section H	- EVAL	UATION	ı .							•
			Part I (To be c	omplet	ed by tra	ainee)							
48. Was course completed? (X	one)	49. Actual cour			50. Actua		ours		51.	Academic gra	de/score)	
i					a. Duty		b. No	n-duty					
a. Yes		a. Commenced	b. Completed										
	rm with a memo	a. Commenced (YYMMDD)	b. Completed (YYMMDD)										
b. No (Return this for	ımstances)												
b. No (Return this for explaining circu	ımstances)												
b. No (Return this for explaining circu	ımstances)												
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PRIVACY ACT STATEMENT AUTHORITY: The Government Employees Training Act of 1958 (USC, Title 5, 4101 to 4118), EO 9397, November 1943 (SSN). **PURPOSE AND USE:** The information on this form is used in the administration of the Federal Training Program. The purpose of this form is to document the nomination of trainees and completion of training; it also serves as the principal repository of personal, fiscal and administrative information about trainees and the programs in which they participate. The form becomes a part of the permanent employment record of participants in training programs and is included in the Government's Central Personnel Data File. DISCLOSURE: Personal information provided on this form is given on a voluntary basis. Failure to provide this information, however, may result in ineligibility for participation in training programs. **SECTION E - TRAINEE AGREEMENT / CERTIFICATION** 38. AGREEMENT TO CONTINUE IN SERVICE This agreement applies to all non-government training that exceeds 80 hours (or such other designated period, 80 hours or less, as prescribed by the agency) and for which the Government approves payment of training costs prior to the commencement of such training. Nothing contained in this section shall be construed as limiting the authority of an agency to waive, in whole or in part, an obligation of an employee to pay expenses incurred by the Government in connection with the training. I AGREE that upon completion of the Government sponsored training described in this request, I will serve in the Department of Defense (DoD) three times the length of the training period; except that if I receive no salary for the time spent in training the period of obligated service will be either one month or a period equal to the amount of time spent in training, whichever is greater. (The length of part-time training is the number of hours spent in class or with the instructor. The length of full-time training is eight hours for each day of training, up to a maximum of 40 hours a week.) If I voluntarily leave the DoD and the Federal service before completing the period of service agreed to in item a above, I AGREE to reimburse the DoD for the tuition and related fees, travel, and other special expenses (EXCLUDING SALARY) paid in connection with my training. However, the amount of the reimbursement will be reduced on a pro rata basis for the percentage of completion of the obligated service. (For example, if the cost of training is \$900 and I complete two-thirds of the obligated service, I will reimburse the DoD \$300 instead of the original \$900.) If I voluntarily leave the DoD to enter the service of another Federal agency or other organization in any branch of the Government before completing the period of service agreed to in item a above, I will give my servicing Civilian Personnel Office or Training Office advance notice during which time, in accordance with Federal regulations, a determination concerning reimbursement or transfer of the remaining service obligation to the gaining agency will be made. I understand that any amounts which may be due the employing agency as a result of any failure on my part to meet the terms of this agreement may be withheld from any monies owed me by the Government, or may be recovered by such other methods as are approved by law. I acknowledge that this agreement does not in any way commit the Government to continue my employment. (2) To (Enter date (YYMMDD)) (1) From (Enter date (YYMMDD)) Period of obligated service: 39. I am not receiving any contributions, awards, or payments in connection with this training, from any other government agency or non-government organization and shall not accept such without first obtaining approval from the authorizing training official. I agree that should I fail to complete the requested training successfully, due to circumstances within my control, I will reimburse the agency for all training costs (excluding salary) associated with my attendance. TRAINEE SIGNATURE b. DATE SIGNED

INSTRUCTIONS FOR TRAINING VENDOR

(Copies 3, 4, 5)

- Copy No. 3 VENDOR TRAINING REQUEST OR NOMINATION FORM
- Copy No. 4 This document, when completed, represents the nominating agency's obligation to pay all approved training costs. Amounts are estimated in Section C. Please send all bills to the office indicated in item 37 and refer to number in item B (Standard Document Number) upper right hand corner of form.
- Copy No. 5 Return this copy to the nominating agency indicated in item 44 after completion of items 40 42.

Please contact the Agency Training Officer indicated in item 33 for any additional information.

BILLING INSTRUCTIONS	
Place standard document number (Item B top of form) and appropriation/fund chargeable r copies of invoice: identify discount terms, % and number of days on invoice: mail invoice	
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	F C L
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	C L D
	. Remarks
40. Nomination status (X one) 41. First training session a. Selected as nominated a. Date b. Time	
b. Not selected (See remarks)	
c. Selected for alternative dates (See remarks)	
43. Mailing address of trainee (Fold where indicated and insert in window envelope.)	
•	

47	Ontional alternate navm	nent procedures (Fill in approp	oriata itamel		
a.	ADVANCE METHOD	ient procedures (Fill III approp	onate items)		
(1)	Check in the amount of as appropriate)	paya will be delivered to you for			vering Section C, Item 25 (insert (a), (b), or (c), "OR"
(2)	Check in the amount of	: \$ cov	ering Section C, Iten	n 25 (insert (a), (b),	or (c), as appropriate) will be issued to
					k to the training facility/vendor will show the or's name and address. As soon as feasible
		e been made, you will prepare	e and forward to <i>(en</i>	ter name and addres	es)
	together with all receip	ts and a check or money orde			opies of enclosed Standard Form 1164,
	— with an receip	to drid a cricek of money orde			ese DoD funds, if any.
b.	REIMBURSEMENT MET	HOD			
	Payment to you for Soc	tion C, item 25 (insert (a), (b), or (c), as appropri	ate) will be r	made upon presentation of evidence of
C.		of the training assignment and. Authorizing official	nd receipt for items r		
c.	Satisfactory completion Action (X one)	of the training assignment ar			
c.	satisfactory completion	of the training assignment and d. Authorizing official (1) Typed Name (Last, First,			aid by you.
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F O L D

F O L D

			Section G - FIN	ANCE		•
45.	Payment authorized for	training				
a.	Signature			b. An	nount to be paid	c. Date
	-				·	
				\$		
46.	Record of payment					
a.	Signature			b. An	nount paid	c. Date
	g					
				\$		
۸	Domorko					
d.	Remarks					
47.	Optional alternate payn	ent procedures (Fill in a	appropriate items)			
a.	ADVANCE METHOD					
(1)	Check in the amount of		_ payable to the training fac	-		(insert (a), (b), or (c),
	as appropriate)		you for delivery to the traini			
(2)	Check in the amount of	\$	covering Section C, Item	25 (insert (a), (b), or (c	c), as appropriate) _	will be issued to
			iture of these funds. The rec			
	check number. Other r	eceipts will show the ite	em purchased, the amount pa	aid and the vendor's nam	ne and address. As	soon as feasible after
	all purchases have been	n made, you will prepare	e and forward to <i>(enter name</i>	and address)		
			the signed	original and two copies	of enclosed Standar	d Form 1164,
	together with all receip	ts and a check or mone	y order payable to <i>(enter nam</i>	ne and address)		
			for the unexpe	nded balance of these D	OoD funds, if any.	
b.	REIMBURSEMENT MET					
	Payment to you for Sec	tion C, item 25 (insert ((a), (b), or (c), as appropriate)	will be made up	oon presentation of e	vidence of satisfactory
	· · · · · · · · · · · · · · · · · · ·		ipt for items related to trainir	ig paid by you.		
c.	Action (X one)	d. Authorizing officia			140 = 1 1	
		(1) Typed Name (Last	t, First, Middle Initial)		(4) Telephone nur	mbers
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	(2) Disapproved	(3) Title			(5) Date signed (Y Y IVIIVIDD)
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<u> </u>			Section G - FINANCE		•
45.	Payment authorized for	train	1		
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	Record of payment		<u>, </u>		
a.	Signature		1	b. Amount paid	c. Date
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d.	Remarks				
17	Ontional alternate name	202+	procedures (Fill in appropriate items)		
47. a.	ADVANCE METHOD	Jiii	οιουσαίατο (ΓΙΙΙ ΙΙΙ αμριομπαία παπιδ)		
		. ^		vanion Castian C. Itam 25	: /income /o\ /b\ on /o\
(1)	Check in the amount of as appropriate)		payable to the training facility/vendor and covwill be delivered to you for delivery to the training facility/vendor.		(insert (a), (b), or (c),
(2)	Check in the amount of	\$_	covering Section C, Item 25 (insert (a), (b),	or (c), as appropriate) _	will be issued to
	you. You will obtain a	recei	pt for each expenditure of these funds. The receipt for the check	to the training facility/ver	ndor will show the
	check number. Other r	eceip	ts will show the item purchased, the amount paid and the vendor'	s name and address. As	soon as feasible after
	all purchases have been	n mad	de, you will prepare and forward to (enter name and address)		
			the signed original and two co	opies of enclosed Standa	rd Form 1164,
	together with all receip	ts an	d a check or money order payable to <i>(enter name and address)</i>		
			for the unexpended balance of the	ese DoD funds, if any.	
b.	REIMBURSEMENT MET	HOD			
υ.			C item 25 (inpart (a) (b) as (a) as appropriate)		
	completion of the traini	na as	C, item 25 (insert (a), (b), or (c), as appropriate) will be ma signment and receipt for items related to training paid by you.	de upon presentation of	evidence of satisfactory
c.	Action (X one)		Authorizing official		
			Typed Name (Last, First, Middle Initial)	(4) Telephone nu	mbers
	(1) Approved			(a) Commerc	ial ()
		(2)	Signature		()
				(b) Autovon	
	(2) Disapproved	(3)	Title	(5) Date signed (YYMMDD)

PRIVACY ACT STATEMENT AUTHORITY: The Government Employees Training Act of 1958 (USC, Title 5, 4101 to 4118), EO 9397, November 1943 (SSN). **PURPOSE AND USE:** The information on this form is used in the administration of the Federal Training Program. The purpose of this form is to document the nomination of trainees and completion of training; it also serves as the principal repository of personal, fiscal and administrative information about trainees and the programs in which they participate. The form becomes a part of the permanent employment record of participants in training programs and is included in the Government's Central Personnel Data File. DISCLOSURE: Personal information provided on this form is given on a voluntary basis. Failure to provide this information, however, may result in ineligibility for participation in training programs. **SECTION E - TRAINEE AGREEMENT / CERTIFICATION** 38. AGREEMENT TO CONTINUE IN SERVICE This agreement applies to all non-government training that exceeds 80 hours (or such other designated period, 80 hours or less, as prescribed by the agency) and for which the Government approves payment of training costs prior to the commencement of such training. Nothing contained in this section shall be construed as limiting the authority of an agency to waive, in whole or in part, an obligation of an employee to pay expenses incurred by the Government in connection with the training. I AGREE that upon completion of the Government sponsored training described in this request, I will serve in the Department of Defense (DoD) three times the length of the training period; except that if I receive no salary for the time spent in training the period of obligated service will be either one month or a period equal to the amount of time spent in training, whichever is greater. (The length of part-time training is the number of hours spent in class or with the instructor. The length of full-time training is eight hours for each day of training, up to a maximum of 40 hours a week.) If I voluntarily leave the DoD and the Federal service before completing the period of service agreed to in item a above, I AGREE to reimburse the DoD for the tuition and related fees, travel, and other special expenses (EXCLUDING SALARY) paid in connection with my training. However, the amount of the reimbursement will be reduced on a pro rata basis for the percentage of completion of the obligated service. (For example, if the cost of training is \$900 and I complete two-thirds of the obligated service, I will reimburse the DoD \$300 instead of the original \$900.) If I voluntarily leave the DoD to enter the service of another Federal agency or other organization in any branch of the Government before completing the period of service agreed to in item a above, I will give my servicing Civilian Personnel Office or Training Office advance notice during which time, in accordance with Federal regulations, a determination concerning reimbursement or transfer of the remaining service obligation to the gaining agency will be made. I understand that any amounts which may be due the employing agency as a result of any failure on my part to meet the terms of this agreement may be withheld from any monies owed me by the Government, or may be recovered by such other methods as are approved by law. I acknowledge that this agreement does not in any way commit the Government to continue my employment. (2) To (Enter date (YYMMDD)) (1) From (Enter date (YYMMDD)) Period of obligated service: 39. I am not receiving any contributions, awards, or payments in connection with this training, from any other government agency or non-government organization and shall not accept such without first obtaining approval from the authorizing training official. I agree that should I fail to complete the requested training successfully, due to circumstances within my control, I will reimburse the agency for all training costs (excluding salary) associated with my attendance. TRAINEE SIGNATURE b. DATE SIGNED

	Sec	tion H - EVALUATION	- Continued		
		Part II (To be completed by			•
65.	Comments on strong points of course	· · · · · · · · · · · · · · · · · · ·	·		
	3 7 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3				
66	Comments on weak points of course				
00.	Comments on weak points of course				
67.	What were your objectives in taking this course? W	ere they met?			
68.	Do you recommend this program for others? If so, v	vhom?			
	· , · · · · · · · · · · · · · · · · · ·				
69	Additional comments				
03.	Additional comments				
70				l. D	
70.8	a.Signature of trainee			b. Date sign	ea
	5 . W. (7				
	Part III (10)	be completed by trainee's in	nmediate supervisor)		<u> </u>
71.	Have you discussed this course and its application to	the job with this employee	? (X one)	Yes	No
72.	Were the objectives of the training achieved?				
73.	Additional comments				
74.8	a.Signature of supervisor	b. Date signed	PERSO	ONNEL USE ONL	Υ
Í					

DD FORM 1556 - REQUEST, AUTHORIZATION, AGREEMENT, CERTIFICATION OF TRAINING AND REIMBURSEMENT

PRIVACY ACT STATEMENT

The Government Employees Training Act of 1958 (USC Title 5, 4101 to 4118), EO 9397, November 1943 (SSN). **AUTHORITY:**

PURPOSE AND USE: Used in the administration of the Federal Training Program. The purpose of this form is to document the nomination of trainees and completion of training, it also serves as the principal repository of personal, fiscal and administrative information about trainees and the programs in which they participate. The form becomes a part of the permanent

employment record of participants in training programs and is included in the Government's Central Personnel Data File.

DISCLOSURE: Personal information provided on this form is given on a voluntary basis. Failure to provide this information, however, may result in ineligibility for participation in training programs.

GENERAL INSTRUCTIONS

THIS IS A MULTI-PURPOSE FORM. IT WILL BE USED FOR ALL TRAINING INCIDENTS. SPECIFIC GUIDELINES FOR DATA INPUT WILL BE SET BY EACH DOD COMPONENT. DATA REQUIRED BY THE OFFICE OF PERSONNEL MANAGEMENT.

COPY DISTRIBUTION

- Copy 6: Give finance office to authorize payments. Copy 1: File in the training/personnel folder.
- Copy 7: Give finance office to authorize any separate Copy 2: For Agency ADP System. payments for books, material or other costs.
- Copy 3: Give vendor to nominate employee. Copy 8: Give employee. Copy 4: Give vendor as the obligation for approved costs.
- Copy 9: Use to evaluate training. Copy 5: Give vendor to return to confirm nomination Copy 10: Keep at originating office. status.

COMPLETION INSTRUCTIONS

- May be found in items 33 and 35 of Standard Form 50, "Notification of Personnel Action," when/if required. Item A -
- Item B -Follow DoD component instructions.
- Follow local procedures. Normally X beside "initial." Item C -
- Item D -If this is an amendment, enter number.

Section A - TRAINEE / APPLICANT INFORMATION

- **Item 11** Enter trainee's organization name. Item 1 - Fill in trainee's name. If more than one nominee, list on separate sheet.
- Item 13 Enter submitting organization's six digit unit Item 2 - Enter first five letters of trainee's last name. identification code (UIC). (See DoD component instructions.)
- Item 14 Enter appropriate code or abbreviation. Item 3 - Enter trainee's Social Security number.
 - CC Career Conditional 1 - Regular
- 2 Reserve Career **Item 4** - Enter appropriate code for trainee's educational level.
- Т - Temporary 3 - National Guard 00 - Not applicable 11 - 3 years of college Excepted I - Intermittent 01 - No formal or some elementary 12 - 4 years of college
- Item 15 To be computed and filled in by the nominating 02 - Elementary graduate 13 - Bachelor Degree training office. 03 - Some high school 14 - Post Bachelor
- Item 16 Self-explanatory 04 - High school graduate or 15 - 1st Professional

18 - Post Master

16 - Post 1st Professional

- Doctorate Degree

- Master Degree

Section B - TRAINING COURSE DATA

Item 12 - Enter trainee's organization mailing address.

- Item 17, 18, and 19 Self explanatory.
- 19 6th year Degree Item 20 - Course Codes See reverse. 20 Post 6th year
- Item 21 Total hours are determined by multiplying hours 09 - 2 years of college 22 Post Doctorate attended per week by the number of weeks of the course. Duty 10 - Associate Degree and non-duty hours are self-explanatory. Enter one hour or more;
 - round fractions up.

17

21

- Item 5 Enter years and months of continuous Federal Government
- Item 7 Follow local procedures.
- Item 8 Self-explanatory.

Item 6 - Follow local procedures.

certificate of equivalency

05 - Terminal Occupational

Program (TOP)

06 - TOP Certificate

07 - Started college

08 - 1 year of college

- **Item 9** Self-explanatory.
- Item 10 Self-explanatory.

- Item 22a Follow DoD component instruction.
- Item 22b Enter training source catalog/course ID number.
- Item 22c Follow local procedures.
- Item 23a & b Enter in year, month, day sequence the course dates (e.g., June 15, 1977 would be entered as 770615).

DD FORM 1556 INSTRUCTIONS (Continued)

Section B - TRAINING COURSE DATA (Continued)

Item 20 - COURSE CODES - Enter appropriate codes from those listed below.

6 - Develop unavailable skills

9 - Adult basic education

6 - Clerical

7 - Trade or craft

9 - Adult basic education

8 - Orientation

8 - Orientation

7 - Trade or craft apprenticeship

A - PURPOSE

1 - Mission or program change

2 - New technology

3 - New work assignment

4 - Improve present performance

5 - Meet future staffing needs

B-TYPE

1 - Executive and management

2 - Supervisory

3 - Legal, medical, scientific or engineering

4 - Administration and analysis

5 - Specialty and technical

C - SOURCE

A - US Army

D - Other DoD

F - US Air Force

M - US Marine Corps

N - US Navy

5 - State or local Government **D - SPECIAL INTEREST**

0 - No special program 1 - Executive Development 2 - Supervision

E - TRAINING VENDOR

(Follow DoD component instructions.)

F - SECURITY CLEARANCE OF COURSE

U - Unclassified C - Confidential S - Secret T - Top Secret

G - ALLOCATION STATUS

1- Primary 2 - Alternate 3 - Space Available

S - Defense Logistics Agency

2 - Government-Interagency

4 - Non-Government - off-shelf

3 - Non-Government, designed for agency

Section C - COSTS AND BILLING INFORMATION

Item 24 - X if applicable.

Item 25a & b - Enter dollars and cents.

Item 25c - Sum of items 25a & b. (See Note below)

Item 25d - Follow DoD component instructions.

Item 26a & b - Enter dollars and cents.

Item 26c - Sum of items 26a & b. (See note below)

Items 27 & 29 - For finance office use. Enter only one accounting classification on each DD 1556.

Items 28 & 31 - Follow local procedures.

Item 30 - Sum of items 25c & 26c.

Note: - For a group, totals are for all trainees.

Section D - APPROVALS/CONCURRENCE/ **CERTIFICATION**

Item 33 - To be certified/signed by the official designated CPO Head of Training.

Item 32 - To be certified/signed by supervisor of trainee.

Item 34 - Follow local procedures.

Item 35 - School official complete, sign, date and return copy 5.

Item 36 - If course completed, enter date and grade; if not, return form with explanatory memo to Training Officer identified in item 33.

Items 37 & 38 - Follow local procedures.

H - PRIORITY

Enter priority 1, 2, or 3 in accordance with DoD Instruction 1400.25-M, chapter 410.

I - TRAINING LEVEL

1 - Elementary

3 - Vocational/Technical/ **4** - College, undergraduate

2 - High School

Secretarial/Business/

5 - College, graduate

Commercial/Administrative 6 - College, post graduate

J - METHOD OF TRAINING

1 - On-the-job training (formal)

2 - Rotation of work assignment

3 - Seminar (training)

4 - Conference/meeting/symposium 5 - Correspondence

8 - Classroom (on site)

7 - Classroom (resident)

9 - Test/Equivalency

6 - Directed study

K - TRAINING PROGRAM

Follow DoD component instructions

L - REASON FOR SELECTION OF COURSE

1 - Quality of training

2 - Most cost effective

- Unique capability of training source

4 - Location

- Not available in Government

- Incidental to procurement of equipment

Section E - TRAINEE AGREEMENT/CERTIFICATION Reverse of Copy 1

The trainee (applicant) must read and understand the statements contained in this section. If there are any questions, please contact the nominating activity Training Office.

Item 38f - To be completed by nominating Training Office.

Item 39 - To be signed and dated by employee nominated for nongovernment training.

Section F - TRAINING VENDOR Reverse of Copy 3, 4 & 5

Items 40 & 43 - Instructions on reverse of copy 3.

Item 44 - Reverse of Copy 5 - Mailing Address Nominating Agency - To be filled in by nominating Training Office.

Section G - FINANCE Reverse of Copies 6 & 7

Items 45, 46, or 47 as appropriate, filled in by the nominating activity Training Office.

Section H - EVALUATION Copy 9

To be completed by trainee and immediate supervisor after training is completed (following agency instructions).